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ABSTRACT

This report provides statewide data on Wisconsin middle and high school health education curriculum and policy. All regular public secondary schools were included in the school sampling frame. Data were collected via surveys of principals and lead health teachers regarding tobacco, physical education and activity, nutrition, HIV/AIDS, violence, asthma, and general health education. For each section, the report examines policy, curriculum and instruction, comprehensive school programs, and conclusions and recommendations. Nearly half of the schools had comprehensive tobacco policies in place, and 80 percent of schools with required health education had comprehensive tobacco prevention curriculum and instruction in place. Most schools had policies and classroom instruction supporting physical education and activity among all students, and most required students to take a physical education class. Middle and high schools reported many positive nutrition-related policies, practices, and instruction, although there was room for improvement. Nearly half of the schools had comprehensive HIV/AIDS policies in place, and 75 percent of schools with required health education had comprehensive HIV/AIDS curriculum and instruction. Almost all schools had written violence-response plans, but more schools needed to offer peer mediation, gang violence, and bullying prevention programs. There was a lack of asthma education for staff and students and monitoring of students with asthma. (SM)

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2002
Wisconsin School Health Education Profile Report

for

Wisconsin Department of Public Instruction

by

University of Wisconsin-Madison
Comprehensive Cancer Center

Wisconsin Department of Public Instruction
Elizabeth Burmaster, State Superintendent
Madison, Wisconsin

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Introduction

Background

The School Health Education Profile (SHEP) principal and lead health teacher questionnaires were developed by the Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention in collaboration with representatives of state, local, and territorial departments of education and health. These surveys were designed to help state and local education agencies to monitor characteristics of and assess trends in health education in middle/junior high school and high school.

As part of a national effort to monitor school health education and related programs, the information gathered from the SHEP questionnaire is used to strengthen school health education programs. School health education helps students develop knowledge and skills they need to avoid or modify behaviors related to the leading causes of death, illness, and injury both during youth and adulthood. The quality of school health education is determined, in part, by district and school policies, curriculum planning and development process, teacher preparation, curriculum implementation, and assessment and evaluation, as well as the resources available to accomplish these tasks.

Curriculum planning and development is enhanced when schools have a school health coordinator and collaborate with parents and community groups. Collaboration among health education teachers and other school staff members also improves the implementation of the health education curricula. Health education teachers need to be academically prepared to teach health education and have opportunities for professional development to maintain and improve their knowledge and skills. Evaluation of the health education curriculum should include assessment of student knowledge and skills. Assessment data should be used to improve curriculum development and implementation.

The first SHEP principal and lead health teacher (that is, the person who coordinates health education policies and programs within a middle/junior high school or high school) questionnaires were conducted in a sample of Wisconsin middle/junior high schools and high schools in 1994. The questionnaire was administered again in 1998 and 2002. The Wisconsin Department of Public Instruction (DPI) and the University of Wisconsin-Madison Comprehensive Cancer Center implemented the 2002 SHEP. This report provides statewide data on middle school and high school health education curriculum and policy.

Methods

All regular public secondary schools serving at least one of grades 6 through 12 were included in the school sampling frame provided by the DPI. Systematic probability sampling with a random start was used to select schools for the survey. Schools were sorted by estimated enrollment (from DPI enrollment records) in the target grades within the school grade level (middle schools, high schools, other) prior to sampling. For each of the 459 schools included in the sample, both the principal and lead health teacher were asked to complete a questionnaire.

In Wisconsin, a total of 361 out of 459 (response rate of 79%) principal questionnaires and 352 out of 459 (response rate of 77%) lead health teacher questionnaires were received and included in the analyses. Findings for this report are based on the data gathered from the completed questionnaires. The weighted results from both surveys may be used to make important inferences concerning the health education attributes of all regular secondary public schools having at least one of grades 6 through 12. It is important to note that not all respondents provided a response for every question; therefore the denominator may differ between questions.

A weight has been associated with each principal and lead health teacher questionnaire to reflect the likelihood of a principal or teacher being selected for the sample, to reduce bias by compensating for differing patterns of non-response, and to improve precision by making school sample distributions conform to known population distributions. The weight used for estimation is given by W=W1*f1*f2, where:

- W1=the inverse of the probability of school selection;
- f1=a non-response adjustment factor calculated by school size (large, medium, small) and school grade level (middle school, high school, or combined);
- f2=a post-stratification adjustment factor calculated by school grade level (middle school, high schools, combined) and school size (large, medium, small).

Data are presented in six major topic areas in this report: Tobacco, Physical Education and Activity, Nutrition, HIV/AIDS, Violence, and Asthma. Indices were created for four of six (the exception being Violence and Asthma) of these major areas to provide an overview of the comprehensiveness of school health policies and curricula. Selected key questions were included in each of the four indices. A count of the number of comprehensive characteristics for both policy and curriculum was done for each index. Schools that reported having at least 75% of the desired characteristics were labeled as having comprehensive health policy or curriculum in that index. Data not included in one of these six major topic areas are described at the end of the report, in a General Health Education section.

In order to look at school health policies and curriculum in more detail, this report identifies schools that possessed both comprehensive health education policies and curricula, using both the principal and lead health teacher questionnaires. This further analysis was used to identify those schools with comprehensive school health education programs. Only those schools that have a required health education course are included in the analysis. For results that combine responses from both the principal and lead health teacher questionnaires, data are reweighted using school base weights, a non-response adjustment, and the total summed weights of respondents. This weight calculation was done so survey results are still representative of all secondary public schools in Wisconsin.

WESTAT, of Rockville, Maryland provided technical support related to school sampling, scanning the survey forms, and compiling the data.

Results

Results from the surveys are reported as weighted percents. Therefore, the principal and lead health teacher survey results are representative of all secondary public school principals and lead health teachers in Wisconsin. The results of the survey are presented for the following categories: (1) overall results (all schools), (2) middle school results for schools with a high grade of 9 or less, and (3) high school results for schools with a low grade of 9 or higher and a high grade of 10 or higher. A fourth category of results, junior-high schools with a low grade of 8 or less and a high grade of 10 or higher, will not be presented in this report. However, the schools within this category (n=33 for the principal results; n=33 for the lead health teacher results) are included in the overall results throughout the report.

A total of 361 schools are included in the overall principal/policy analyses (n=171 for middle schools; n=157 for high schools; n=33 for junior high schools). The lead health teacher/curriculum and instruction data include 352 total schools for the overall analyses (n=169 for middle schools; n=150 for high schools; n=33 for junior high schools). For the analyses done that combines both the principal questionnaire data and the lead health education teacher data, the total number of schools included is 300 (n=133 for middle schools; n=138 for high schools, n=29 for junior high schools).

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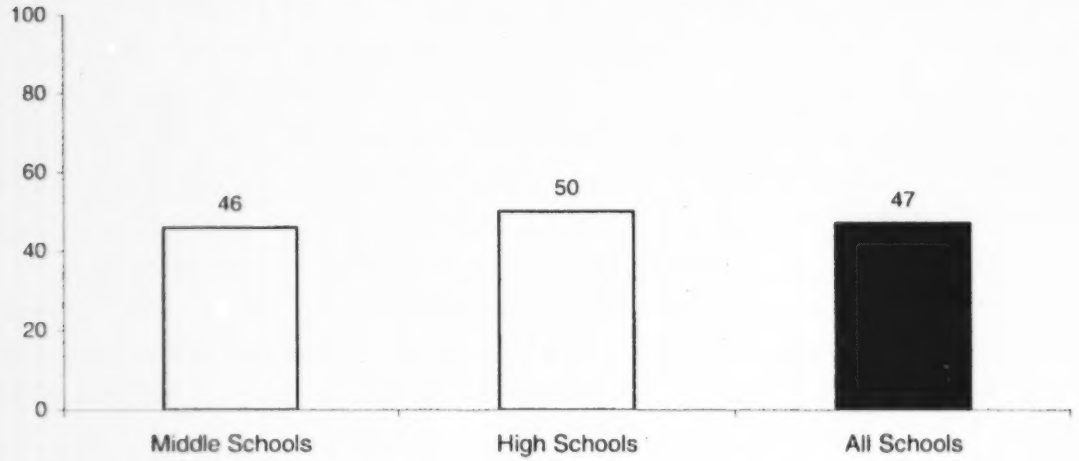
Tobacco

Tobacco use prevention is one of the key components of health education in schools. The emphasis on tobacco on the 2002 SHEP is evident through the inclusion of 13 tobacco-related questions on the principal questionnaire and three questions on the lead health teacher questionnaire. Tobacco items are also included in several other questions on the lead health teacher survey.

Policy

Overall, 47% of all schools have comprehensive tobacco policies in place, with 46% of middle schools and 50% of high schools having comprehensive policies.

Figure 1. Percentage of schools with comprehensive tobacco policies



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In order to look at characteristics of comprehensive tobacco policies, six questions were examined for the analysis. These questions included:

- Does the tobacco prevention policy specifically prohibit tobacco use during each of the following times for each of the following groups? (Three possible "yes" items.)
  - During school hours (students, faculty/staff, visitors)
- Does the tobacco prevention policy specifically prohibit tobacco use in each of the following locations for each of the following groups? (Eleven possible "yes" items.)
  - In school buildings (students, faculty/staff, visitors)
  - On school grounds (students, faculty/staff, visitors)
  - In school buses or other vehicles used to transport students (students, faculty/staff, visitors)
  - At off-campus, school-sponsored events (students, faculty/staff)
- Does your school have procedures to inform each of the following groups about the tobacco prevention policy that prohibits their use of tobacco? (Three possible "yes" items.)
  - Students
  - Faculty and staff
  - Visitors
- Does your school have procedures to inform parents about the policy that prohibits tobacco use by students? (One possible "yes" item.)

- When students are caught smoking cigarettes, how often is each of the following actions taken? (One possible "yes" item, determined by a school having one of three of the following items from two separate questions.)
    - Encouraged, but not required to participate in an assistance, education, or cessation program
    - Required to participate in an assistance, education, or cessation program
- Does your school provide referrals to tobacco cessation programs for each of the following groups?
    - Students

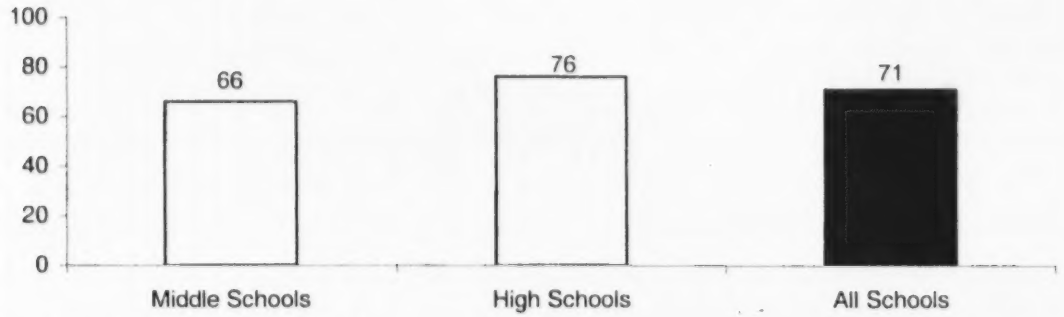
For this report a comprehensive tobacco prevention policy is defined as a school reporting having 75% or more of the above items. In this case, schools need to have responded positively to at least 15 of the 19 total possible items (see Figure 1 for results).

In addition to looking at overall comprehensiveness of tobacco policies in schools, this report looks specifically at school responses to two tobacco policy questions for comprehensiveness within this more narrow policy focus. These questions were:

- Does the tobacco prevention policy specifically prohibit use of each type of tobacco for each of the following groups? (Twelve possible "yes" items.)
    - Cigarettes (students, faculty/staff, visitors)
    - Smokeless tobacco (students, faculty/staff, visitors)
    - Cigars (students, faculty/staff, visitors)
    - Pipes (students, faculty/staff, visitors)
- Does the tobacco prevention policy specifically prohibit tobacco use in each of the following locations for each of the following groups? (Eleven possible "yes" items.)
    - In school buildings (students, faculty/staff, visitors)
    - On school grounds (students, faculty/staff, visitors)
    - In school buses or other vehicles used to transport students (students, faculty/staff, visitors)
    - At off-campus, school-sponsored events (students, faculty/staff)

Schools that responded positively to at least 18 of the total 23 possible items are considered to have comprehensive tobacco policies within the specific area of prohibition of tobacco use by students, faculty/staff, and visitors. Using these more specific policy guidelines, 71% of all schools, 66% of middle schools and 76% of high schools, have comprehensive policies within this specific tobacco prevention policy area (see Figure 2 for results).

Figure 2. Percentage of schools with comprehensive tobacco prohibition policies



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Item-by-Item Policy Analyses

Item-by-item analyses were completed for questions within the tobacco prevention policy focus area. Almost all schools (98% in all school categories) have adopted a policy prohibiting tobacco use. Furthermore, 99% of all schools have procedures to inform parents about the policy that prohibits tobacco use by students. Over half of all schools (61%), 62% of middle schools and 58% of high schools, have designated an individual who has primary responsibility for seeing that the tobacco use policy is enforced.

The 2000 National School Health Policies and Programs Study (SHPPS) reported that 45% of all schools, including elementary, have "tobacco-free environment" policies that prohibit all tobacco use by students, school staff, and visitors in school buildings, on school grounds, in school buses or other vehicles used to transport students, and at off-campus, school-sponsored events. Schools have policies that prohibit the use of different types of tobacco for students, faculty/staff, and visitors. Details on these policies are included in Table 1.

Table 1. Does the tobacco prevention policy specifically prohibit use of each type of tobacco for each of the following groups?

Type of Tobacco	% Yes Students			% Yes Faculty/Staff			% Yes Visitors		
	Middle Schools	High Schools	All Schools	Middle Schools	High Schools	All Schools	Middle Schools	High Schools	All Schools
Cigarettes	96	98	97	92	96	94	93	96	95
Smokeless tobacco (i.e., chewing tobacco, snuff, or dip)	95	97	96	90	93	92	88	91	90
Cigars	91	94	93	88	91	90	88	91	91
Pipes	90	94	92	88	91	90	88	91	91

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In addition to having policies prohibiting the use of specific types of tobacco by certain groups, schools also have policies specific to the time of day when and locations where tobacco use is prohibited. See Table 2 and Table 3 for more details regarding the prohibition of tobacco use during certain times and in certain locations for students, faculty/staff, and visitors.

Table 2. Does the tobacco prevention policy specifically prohibit tobacco use during each of the following times for each of the following groups?

Time	% Yes Students			% Yes Faculty/Staff			% Yes Visitors		
	Middle Schools	High Schools	All Schools	Middle Schools	High Schools	All Schools	Middle Schools	High Schools	All Schools
During school hours	97	99	98	94	95	95	95	94	95
During non-school hours	92	91	92	84	82	84	84	82	84

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Table 3. Does the tobacco prevention policy specifically prohibit tobacco use in each of the following locations for each of the following groups?

Location	% Yes Students			% Yes Faculty/Staff			% Yes Visitors		
	Middle Schools	High Schools	All Schools	Middle Schools	High Schools	All Schools	Middle Schools	High Schools	All Schools
In school buildings	100	99	100	99	98	99	99	98	99
On school grounds	99	100	99	96	98	97	96	98	97
In school buses or other vehicles used to transport students	98	99	99	96	96	97	95	96	96
At off-campus, school-sponsored events	96	98	97	80	86	84	66	70	68

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The majority of schools have procedures for informing students, faculty/staff, and visitors about policies that prohibit their use of tobacco. Details on these data are found in Table 4.

Table 4. Does your school have procedures to inform each of the following groups about the tobacco prevention policy that prohibits their use of tobacco?

Group	% Yes		
	Middle Schools	High Schools	All Schools
Students	98	98	98
Faculty and Staff	95	93	94
Visitors	82	82	82

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When students are caught smoking cigarettes, school officials may take different actions. The majority of schools do inform students' parents or guardians if a student is caught smoking. However, few schools require students to participate in an assistance, education, or cessation program. Table 5 provides more details on the data related to these actions. Providing cessation programs is more common among schools nationally. Forty-two percent of middle/junior high schools and high schools report in the 2000 National SHPPS that they provide tobacco-use cessation to students when needed and 29% of districts have arrangements with organizations or professionals not located on school property to provide one-on-one or small-group discussions on tobacco-use cessation.

Table 5. When students are caught smoking cigarettes, how often are each of the following actions taken?

Action	% Yes (Always or Almost Always)		
	Middle Schools	High Schools	All Schools
Parents or guardians are informed	99	94	95
Referred to a school counselor	41	24	33
Referred to a school administrator	95	93	92
Encouraged, but not required to participate in an assistance, education, or cessation program	18	13	17
Required to participate in an assistance, education, or cessation program	8	3	7
Referred to legal authorities	51	58	53
Placed in detention	20	15	17
Given in-school suspension	25	18	21
Suspended from school	33	26	30

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An additional question was asked about referrals to tobacco cessation programs for faculty/staff and students. Data show that more than a quarter of all schools (26%), 26% of middle schools and 27% of high schools, provide referrals to tobacco cessation programs for faculty/staff. Forty-seven percent of all schools, 45% of middle schools and 53% of high schools, provide these cessation program referrals for students.

The prohibition of tobacco advertising and sponsorship of school events are other common components of school tobacco prevention policy. Table 6 provides details on tobacco advertising policies for school buildings, school grounds, school vehicles, and school publications.

Table 6. Is tobacco advertising prohibited in each of the following locations?

Location	% Yes		
	Middle Schools	High Schools	All Schools
In the school building	96	91	94
On school grounds including on the outside of the building, on playing fields, or other areas of the campus	96	91	94
On school buses or other vehicles used to transport students	95	91	93
In school publications (e.g., newsletters, newspapers, web sites, or other school publications)	96	92	95

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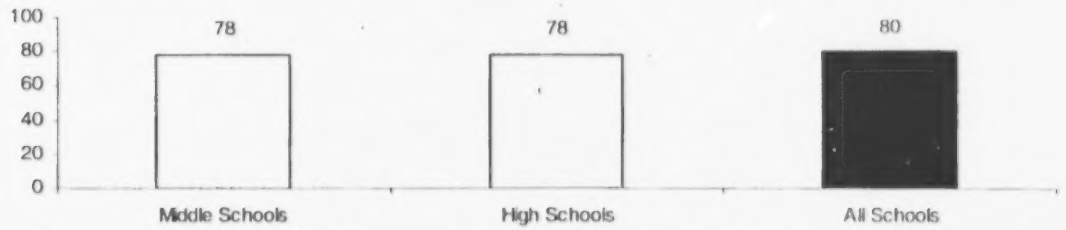
Tobacco advertising through sponsorship of school events is prohibited in 96% of all schools, 95% of middle schools and 97% of high schools. In addition, 89% of all schools, 91% of middle schools and 90% of high schools, prohibit students from wearing tobacco brand-name apparel or from carrying merchandise with tobacco company names, logos, or cartoon characters on it. Nearly two-thirds of schools (63% for all school categories) post signs marking a tobacco-free zone that specifies a distance from school grounds where tobacco use by students faculty/staff, and visitors is not permitted.

Curriculum and Instruction

Overall, 80% of all schools[1] with required health education have comprehensive tobacco prevention curriculum and instruction in place, with 78% of both middle schools and high schools having comprehensive curriculum and instruction related to tobacco prevention (see the footnote on the bottom of Figure 3). The 2000 National (SHPPS) reported that 88% of middle/junior high schools and high schools teach tobacco-use prevention topics in at least one required class or course.

Figure 3. Percentage of schools with comprehensive tobacco prevention curriculum and instruction*



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* Includes only those schools with required health education courses.

In order to look at the characteristics of comprehensive tobacco prevention curriculum and instruction, three questions were examined. These questions included:

- During this school year, have teachers in this school tried to improve each of the following student skills in a required health education course in any of grades 6 through 12? (Nine possible "yes" items.)
  - Accessing valid health information, products, and services
  - Advocating for personal, family, and community health
  - Analysis of media messages
  - Communication
  - Decision making
  - Goal setting
  - Conflict resolution
  - Resisting peer pressure for unhealthy behaviors
  - Stress management
- During this school year, have teachers in this school used each of the following teaching methods in a required health education course in any of grades 6 through 12? (Nine possible "yes" items.)
  - Group discussions
  - Cooperative group activities
  - Role play, simulation, or practice
  - Language, performing, or visual arts
  - Pledges or contracts for behavior change
  - Adult guest speakers
  - Peer educators
  - The Internet
  - Computer-assisted instruction

[1] The percentage for "All Schools" is higher than the percentages for both middle and high schools due to data weighting and the impact the inclusion of junior high schools has on the "All Schools" calculation.

- During this school year, did teachers in this school teach each of the following tobacco use prevention topics in a required health education course for students in any of grades 6 through 12? (Seventeen possible "yes" items.)
    - Short- and long-term health consequences of cigarette smoking
    - Benefits of not smoking cigarettes
    - Risks of cigar or pipe smoking
    - Short- and long-term health consequences of using smokeless tobacco
    - Benefits of not using smokeless tobacco
    - Addictive effects of nicotine in tobacco products
    - How many young people use tobacco
    - The number of illnesses and deaths related to tobacco use
    - Influence of families on tobacco use
    - Influence of the media on tobacco use
    - Social or cultural influences on tobacco use
    - How to find valid information or services related to tobacco use cessation
    - Making a personal commitment not to use tobacco
    - How students can influence or support others to prevent tobacco use
    - How students can influence or support others in efforts to quit using tobacco
    - How to say no to tobacco use
    - The health effects of environmental tobacco smoke (ETS) or second-hand smoke

For this report a comprehensive tobacco prevention curriculum and instruction is defined as a school reporting having 75% or more of the above items. In this case, schools need to have responded positively to at least 27 of the 35 total possible items (see Figure 3 for results).

Item-by-Item Curriculum and Instruction Analyses

Tobacco use prevention is the focus of one question on the teacher questionnaire. This question provides information on what tobacco use prevention topics teachers cover in required health education courses. Details on the responses to this question are included in Table 7. Detailed tables on skill development and teaching methods can be found in Table 21 and in Figure 15 on page 36 of this report.

Table 7. During this school year, did teachers in this school teach each of the following tobacco use prevention topics in a required health education course for students in any of grades 6 through 12?*

Topic	% Yes		
	Middle Schools	High Schools	All Schools
Short- and long-term health consequences of cigarette smoking	98	98	99
Benefits of not smoking cigarettes	97	98	98
Risks of cigar or pipe smoking	82	90	86
Short- and long-term health consequences of using smokeless tobacco	96	96	96
Benefits of not using smokeless tobacco	95	93	94
Addictive effects of nicotine in tobacco products	97	98	98
How many young people use tobacco	93	92	93
The number of illnesses and deaths related to tobacco use	95	93	95
Influence of families on tobacco use	90	88	90

Topic	% Yes		
	Middle Schools	High Schools	All Schools
Influence of the media on tobacco use	97	95	97
Social or cultural influences on tobacco use	89	86	89
How to find valid information or services related to tobacco use cessation	64	74	72
Making a personal commitment not to use tobacco	75	74	75
How students can influence or support others to prevent tobacco use	91	75	86
How students can influence or support others in efforts to quit using tobacco	86	74	83
How to say no to tobacco use	97	91	94
The health effects of environmental tobacco smoke (ETS) or second-hand smoke	95	94	95

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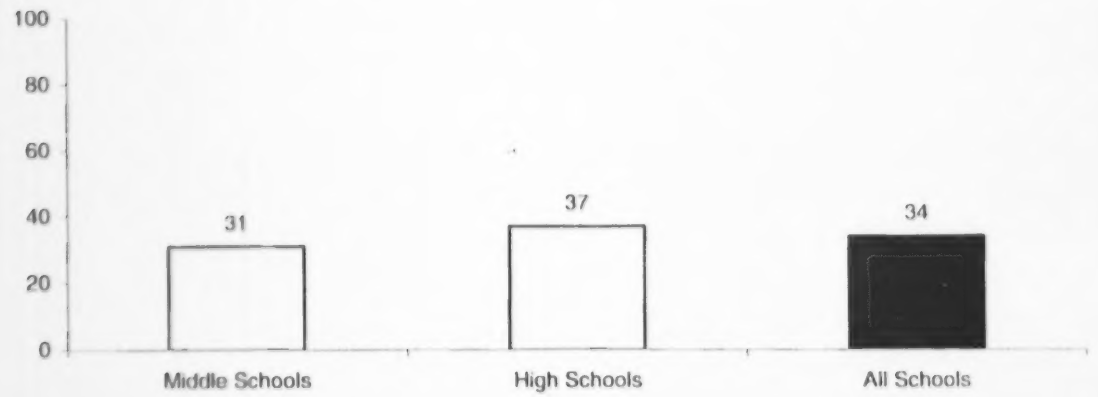
*Includes only those schools with a required health education course

Comprehensive School Tobacco Prevention Program

Comprehensive school tobacco prevention programs were identified through analysis of both the principal and the lead health teacher questionnaires. This is a measure of schools that meet the requirements for both comprehensive policies and curriculum, as described in the above sections. Only those schools that submitted both a principal and teacher questionnaire and have a required health education course are included in the analysis. Based on these guidelines, 34% of all schools, 31% of middle schools and 37% of high schools, have comprehensive tobacco prevention programs. See Figure 4 for details.

Figure 4. Percentage of schools with a comprehensive school tobacco program



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*Includes only those schools with a required health education course

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Conclusions and Recommendations

Many schools implement a wide variety of policies and classroom instruction to support tobacco use prevention and intervention. These policies and curricula should be maintained and strengthened with support from state, regional and local organizations. Significant gaps exist in school policies and health education related to tobacco use. Local, regional and state partners should address these gaps through policy development, communication and enforcement, and improvement of curriculum and instruction. The following offer more specific examples:

- **When students are caught using tobacco, more schools should offer *access* to targeted education and cessation programs.** Help, as well as appropriate punitive consequences, should be consistently offered to students using tobacco. Access to cessation for school staff who smoke should also be increased within communities and referrals made from school. State agencies and organizations should promote and provide technical and financial assistance to school districts and other community organizations to develop and maintain youth- and adult-specific cessation programs both at schools and in the broader community. Schools and community-based organizations should work together to ensure that students and school staff who need cessation programs are aware of the resources available to them in their community and statewide.

- **School policies prohibiting tobacco use, and their communication and enforcement, should be strengthened for students, school staff and visitors.** Policies should be strengthened to assure that school staff and visitors are prohibited from tobacco use at off-campus, school-sponsored events. Questions remain regarding the extent to which school policies regarding tobacco use on school property are consistent with state law. While results indicate significant variation from state law prohibiting all tobacco use on school property, irrespective of time and form, this may be due to different interpretations of the questions. State and local partners should assess the degree to which the policies prohibit all tobacco use, at all times, both on school property and at school-sponsored events off-campus. State partners should continue to provide technical assistance to support schools and local tobacco-free coalitions in strengthening policies, their communication and enforcement.

- **Schools should strengthen their curriculum and instruction related to tobacco to address all critical topics.** More schools should teach students how to find valid information or services related to tobacco use cessation and how they can influence or support others in efforts to quit using tobacco. In addition, high schools should continue to develop advocacy skills in students to influence and prevent tobacco use among their peers. Schools and community organizations, including local tobacco-free coalitions, can work together to accomplish these changes. State and regional agencies and organizations should assist schools to address gaps in their curriculum by developing classroom activities or recommending appropriate education resources.

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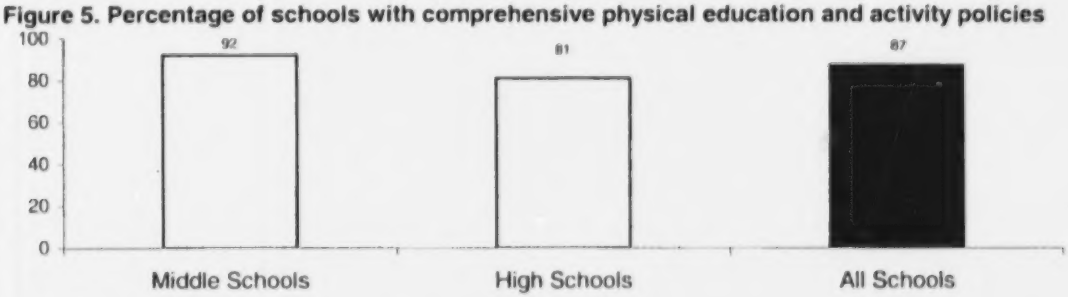
Physical Education and Activity

Physical education and activity are key components of a comprehensive school health program. Nine questions on the principal questionnaire and one question on the lead health teacher questionnaire focused on physical education and activity topics. In addition, a number of physical education topics were included in other, broader, questions related to health education.

Policy

Overall, 87% of all schools have comprehensive physical education and activity policies in place, with 92% of middle schools and 81% of high schools having comprehensive policies.

Figure 5. Percentage of schools with comprehensive physical education and activity policies



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In order to look at characteristics of comprehensive physical education and activity policies, three questions were examined. These questions included:

- Can students be exempted from taking required physical education for any of the following reasons? (Four possible "no" items, the desired response.)
  - Enrollment in other courses
  - Participation in school sports
  - Participation in other school activities
  - Participation in community sports activities
- Does this school offer students opportunities to participate in intramural activities or physical activity clubs? (One possible "yes" item.)
- Outside of school hours or when school is not in session, do children or adolescents use any of this school's activity or athletic facilities for community-sponsored sports teams or physical activity programs? (One possible "yes" item.)

For this report a comprehensive physical education policy is defined as a school reporting having 75% or more of the above items. In this case, schools need to have responded positively to at least five of the six total possible items (see Figure 5 for results).

Item-by-Item Policy Analyses

In addition to overall analyses for physical education and activity policies, item-by-item analyses were conducted for relevant questions within this topic area. Data show that 98% of all schools require physical education for students in any of grades 6 through 12. Broken down by type of school, 99% of middle schools and 98% of high schools require physical education for students. Also, 94% of all schools, 98% of middle schools and 93% of high schools, require a newly-hired physical education teacher to be

certified, licensed, or endorsed by the state in physical education. Nationally, according to the 2000 SHPPS, 73% of all schools, including elementary, require a newly-hired physical education teacher to be certified, licensed, or endorsed by the state in physical education.

Student exemption from required physical education is rare in Wisconsin because schools are required to provide regular instruction on physical education according to state statute 121.02(1). In stark contrast, nationally according to the 2000 SHPPS, 25% of middle/junior high schools and 40% of high schools exempt students from required physical education courses for multiple reasons (for example, participation in school sports, enrollment in other school courses). Table 8 shows results from a policy question related to the exemption of students from required physical education.

Table 8. Can students be exempted from taking required physical education for any of the following reasons?

Reason	% Yes		
	Middle Schools	High Schools	All Schools
Enrollment in other courses (i.e., math or science)	1	3	2
Participation in school sports	0	2	1
Participation in other school activities (i.e., ROTC, marching band, chorus, or cheerleading)	1	1	1
Participation in community sports activities	0	2	1

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High schools are much more likely than middle schools to require students to repeat required physical education if a student fails the course. Ninety-eight percent of high schools require a student to repeat physical education, compared with 22% of middle schools. Of all schools combined, 62% require a student to repeat the course. Less than a quarter of all schools (24%), 22% of middle schools and 21% of high schools, allow school staff to use physical activity to punish students for bad behavior in physical education. Few schools (6% of all schools, 8% of middle schools and 1% of high schools) allow students to miss all or part of physical education as punishment for bad behavior in another class.

The majority of schools (73%) offer students opportunities to participate in intramural activities or physical activity clubs. Eighty percent of middle schools reported offering such opportunities compared to 66% of high schools. Although the majority of schools do provide intramural activities, less than a third of all schools (26%), 29% of middle schools and 18% of high schools, provide transportation home for students who participate in those activities after school. Ninety -two percent of all schools, 98% of middle schools and 85% of high schools, reported that outside of school hours children or adolescents use the school's activity or athletic facilities for community-sponsored sports teams or physical activity programs.

Curriculum and Instruction

Overall, 60% of all schools with required health education have comprehensive physical activity curriculum and instruction in place[2], with 52% of middle schools and 68% of high schools having comprehensive curriculum and instruction related to physical activity.

[2] The questions on physical activity instruction were answered by the lead health teacher and the questions referred to what type of physical activity instruction occurred in a required health education class. Most school districts cover most, if not all, of the topics in Table 9 in a required physical education class.

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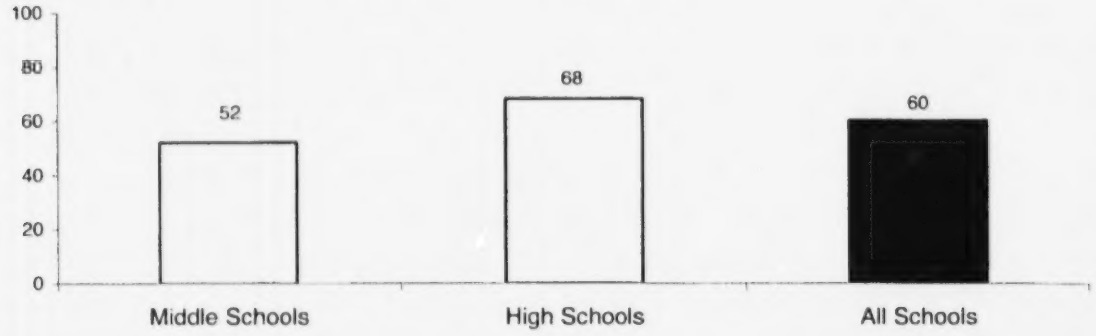
Figure 6. Percentage of schools with comprehensive physical activity curriculum and instruction*



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*Includes only those schools with a required health education course

In order to look at characteristics of comprehensive physical activity curriculum and instruction, three questions were examined. These questions included:

- During this school year, have teachers in this school tried to improve each of the following student skills in a required health education course in any of grades 6 through 12? (Nine possible "yes" items.)
  - Accessing valid health information, products, and services
  - Advocating for personal, family, and community health
  - Analysis of media messages
  - Communication
  - Decision making
  - Goal setting
  - Conflict resolution
  - Resisting peer pressure for unhealthy behaviors
  - Stress management
- During this school year, have teachers in this school used each of the following teaching methods in a required health education course in any of grades 6 through 12? (Nine possible "yes" items.)
  - Group discussions
  - Cooperative group activities
  - Role play, simulation, or practice
  - Language, performing, or visual arts
  - Pledges or contracts for behavior change
  - Adult guest speakers
  - Peer educators
  - The Internet
  - Computer-assisted instruction
- During this school year, did teachers in this school teach each of the following physical activity topics in a required health education course for students in any of grades 6 through 12? (Twelve possible "yes" items.)
  - The physical, psychological, or social benefits of physical activity
  - Health-related fitness
  - Phases of a workout
  - How much physical activity is enough
  - Developing an individualized physical activity plan

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- Monitoring progress toward reaching goals in an individualized physical activity plan
- Overcoming barriers to physical activity
- Decreasing sedentary activities such as television watching
- Opportunities for physical activity in the community
- Preventing injury during physical activity
- Weather-related safety
- Dangers of using performance-enhancing drugs, such as steroids

For this report a comprehensive physical activity curriculum and instruction is defined as a school reporting having 75% or more of the above items. In this case, schools need to have responded positively to at least 23 of the 30 total possible items (see Figure 6 for results).

Item-by-Item Curriculum and Instruction Analyses

One question on the lead health education teacher questionnaire focused primarily on physical activity. The analysis from this question can be found in Table 9. Detailed tables on skill development and teaching methods can be found in Table 21 and in Figure 15 on page 36 of this report.

Table 9. During this school year, did teachers in this school teach each of the following physical activity topics in a required health education course for students in any of grades 6 through 12?*

Topic	% Yes		
	Middle Schools	High Schools	All Schools
The physical, psychological, or social benefits of physical activity	86	92	90
Health-related fitness	80	88	84
Phases of a workout	67	83	75
How much physical activity is enough	74	82	78
Developing an individualized physical activity plan	53	69	61
Monitoring progress toward reaching goals in an individualized physical activity plan	46	60	52
Overcoming barriers to physical activity	52	70	63
Decreasing sedentary activities such as television watching	74	86	80
Opportunities for physical activity in the community	62	70	67
Preventing injury during physical activity	65	83	75
Weather-related safety	66	83	76
Dangers of using performance-enhancing drugs, such as steroids	79	92	86

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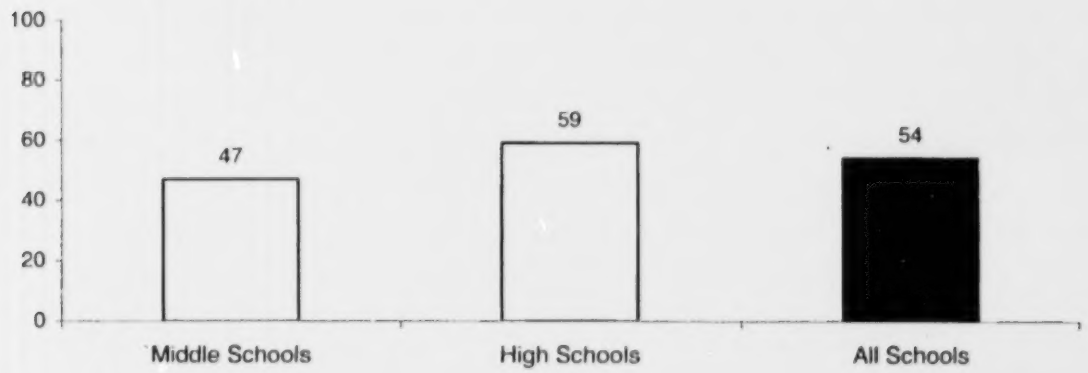
*Includes only those schools with a required health education course

Comprehensive School Physical Education and Activity Program

Comprehensive school physical education and activity programs were identified through analyses of both the principal and the lead health teacher questionnaires. This is a measure of schools that meet the requirements for both comprehensive policies and curriculum, as described in the above sections. Only those schools that submitted both a principal and teacher questionnaire and have a required health education course are included in the analysis. Based on these guidelines, 54% of all schools, 47% of middle schools and 59% of high schools, have comprehensive physical education and activity programs.

Figure 7. Percentage of schools with a comprehensive physical education and activity program*



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*Includes only those schools with a required health education course.

Conclusions and Recommendations

Overall, the majority of schools have policies and classroom instruction supporting physical education and activity among all students. Most schools require that students take a physical education class and only a very small percentage of schools allow students to be exempted from taking a required physical education class. However, some gaps do exist in instruction on physical activity in middle schools and high schools. Schools need to work in partnership with state, regional, and local agencies and organizations to maintain and strengthen their physical education and activity policies and classroom instruction. The following offer more specific examples:

- **Schools could strengthen instruction in their required health education class if they cover all critical topics related to physical activity.** More schools, particularly middle schools, need to teach students to develop an individualized physical activity plan and how to monitor their progress toward reaching their physical activity goals. In addition, it is important for all students to learn how to overcome barriers to physical activity, where they can find opportunities for physical activity in their community, and how they can prevent injury and ensure safety during physical activity.

- **Schools should encourage collaboration between the health education and physical education staff in the development of a comprehensive physical education curriculum.** State and regional agencies and organizations could provide assistance by developing technical assistance resources that promote collaboration between teachers and other school staff who provide instruction on and promote physical education and activity. In addition, state partners could assist schools to address gaps in their curriculum by developing classroom activities or recommending appropriate education resources.

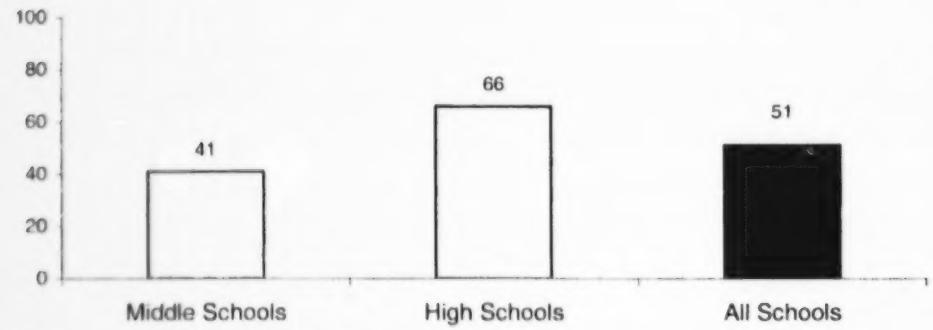
Nutrition

Nutrition-related policies, practices, and education refers to: 1) developing healthy eating behaviors among students; 2) quality food choices including school lunch, ala carte items, and snack bar; 3) positive dining experience including adequate seating space and length of lunch period; 4) promoting consistent healthy nutrition messages; and 5) commitment to nutrition and healthy lifestyles as part of all school programming. Five questions on the principal questionnaire and one question on the lead health teacher questionnaire focused on nutrition-related topics. In addition, nutrition and dietary behavior were included in more general questions related to health education curriculum and instruction.

Policy

Overall, 51% of all schools have comprehensive nutrition policies in place, with 41% of middle schools and 66% of high schools having comprehensive policies. In other contexts, the term "policies" refers to written, school board approved policies or school or department policies. It is important to note that these questions on school policies referred to practices rather than written policies and the percentage of schools with actual written policies is most likely lower.

Figure 8. Percentage of schools with comprehensive nutrition policies



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In order to look at characteristics of comprehensive nutrition policies, two questions were examined. These questions included:

- How long do students usually have to each lunch once they are seated? (One possible "yes" item.)
  - 20 minutes or more
- Can students purchase each snack food or beverage from vending machines or at the school store, canteen, or snack bar? (Five possible "yes" items.)
  - Salty snacks that are low in fat, such as pretzels, baked chips, or other low-fat chips
  - Fruits or vegetables
  - Low-fat cookies, crackers, cakes, pastries, or other low-fat baked goods
  - 100% fruit juice
  - Bottled water

For this report a comprehensive nutrition policy is defined as a school reporting having 75% or more of the above items. In this case, schools need to have responded positively to at least five of the six total possible items (see Figure 8 for results).

Item-by-Item Policy Analyses

Item-by-item analyses were conducted for relevant questions within the nutrition focus area. For those schools that serve lunch to students, 80% of all schools, 75% of middle schools and 84% of high schools, allot 20 minutes or more for students to eat lunch once they are seated. Nationally, according to the 2000 SHPPS, 21% of all schools, including elementary, have a policy stating that fruits or vegetables will be offered at school settings such as student parties, after-school programs, staff meetings, parents' meetings, or concession stands compared to only 6% of all schools in Wisconsin.

Eighty-eight percent of all schools, 83% of middle schools and 93% of high schools, allow students to purchase snack foods or beverages from vending machines or at the school store, canteen, or snack bar. According to the 2000 National SHPPS, 79% of middle/junior high school and 98% of high schools have a vending machine or a school store, canteen, or snack bar where students can purchase food or beverages. The types of food or beverage in vending machines, school store, canteen, or snack bar may not reflect all the options schools offered. An example is milk vending machines which are becoming popular in Wisconsin. Also these questions do not indicate the extent of vending that is available. For example, one soda vending machine versus twenty, or one healthy item hiding among a dozen of less healthy items. Table 10 details the different types of snack foods or beverages that students may purchase from these sources.

Table 10. Can students purchase each snack food or beverage from vending machines or at the school store, canteen, or snack bar?

Food/Beverage	% Yes		
	Middle Schools	High Schools	All Schools
Chocolate candy	52	78	64
Other kinds of candy	59	80	69
Salty snacks that are not low in fat, such as regular potato chips	61	85	72
Salty snacks that are low in fat, such as pretzels, baked chips, or other low-fat chips	68	87	76
Fruits or vegetables	43	57	49
Low-fat cookies, crackers, cakes, pastries, or other low-fat baked goods	57	75	66
Soft drinks, sports drinks, or fruit drinks that are not 100% juice	91	98	95
100% fruit juice	80	88	84
Bottled water	81	92	86

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Students may purchase snack foods or beverages during different times of the school day. Table 11 provides information on the percent of schools that permit students to purchase these items during specific times.

Table 11. Can students purchase snack foods or beverages during the following times?

Time	% Yes		
	Middle Schools	High Schools	All Schools
Before classes in the morning	51	92	74
During any schools hours when meals are not being served	27	57	44
During school lunch periods	58	64	61

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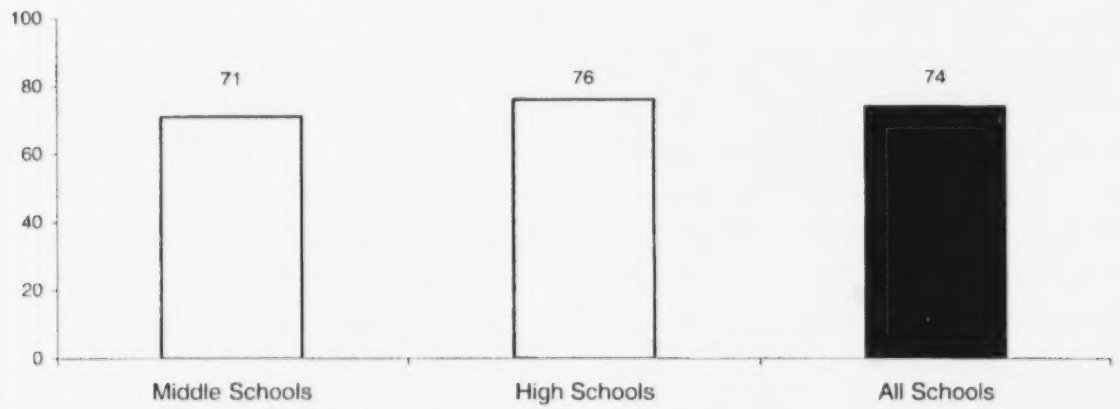
Curriculum and Instruction

Overall, 74% of all schools with required health education have comprehensive nutrition curriculum and instruction in place, with 71% of middle schools and 76% of high schools having comprehensive curriculum and instruction related to nutrition.

Figure 9. Percentage of schools with comprehensive nutrition curriculum and instruction*



2002 Wisconsin School Health Education Profile
*Includes only those schools with a required health education course.

In order to look at comprehensive characteristics of nutrition curriculum and instruction, three questions were examined. These questions included:

- During this school year, have teachers in this school tried to improve each of the following student skills in a required health education course in any of grades 6 through 12? (Nine possible "yes" items.)
  - Accessing valid health information, products, and services
  - Advocating for personal, family, and community health
  - Analysis of media messages
  - Communication
  - Decision making
  - Goal setting
  - Conflict resolution
  - Resisting peer pressure for unhealthy behaviors
  - Stress management
- During this school year, have teachers in this school used each of the following teaching methods in a required health education course in any of grades 6 through 12? (Nine possible "yes" items.)
  - Group discussions
  - Cooperative group activities
  - Role play, simulation, or practice
  - Language, performing, or visual arts
  - Pledges or contracts for behavior change
  - Adult guest speakers
  - Peer educators
  - The Internet
  - Computer-assisted instruction

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- During this school year, did teachers in this school teach each of the following nutrition and dietary topics in a required health education course for students in any of grades 6 through 12? (Sixteen possible "yes" items.)
    - The benefits of health eating
    - The Food Guide Pyramid
    - The Dietary Guidelines for Americans
    - Using food labels
    - Aiming for a healthy weight
    - Choosing a variety of grains daily, especially whole grains
    - Choosing a variety of fruits and vegetables daily
    - Choosing a diet low in saturated fat and cholesterol and moderate in total fat
    - Moderating intake of sugars
    - Choosing and preparing foods with less salt
    - Eating more calcium-rich foods
    - Keeping food safe to eat
    - Preparing health meals and snacks
    - Risks of unhealthy weight control practices
    - Accepting body size differences
    - Eating disorders

For this report a comprehensive nutrition curriculum and instruction is defined as a school reporting having 75% or more of the above items. In this case, schools need to have responded positively to at least 26 of the total 34 possible items (see Figure 9 for results).

Item-by-Item Curriculum and Instruction Analyses

Health and dietary topics were included in one question on the lead health teacher questionnaire. A positive response to the question on teaching nutrition and dietary topics for students in any of grades 6 through 12 could reflect one class in grade 6 and none in the other grades, or it could reflect a whole module on that topic for each grade level in middle and high school grades. Please refer to Table 12 for more details on the percent of teachers that cover various nutrition and dietary topics in their required health education courses. Detailed tables on skill development and teaching methods can be found in Table 21 and in Figure 15 on page 36 of this report.

Table 12. During this school year, did teachers in this school teach each of the following nutrition and dietary topics in a required health education course for students in any of grades 6 through 12?*

Topic	% Yes		
	Middle Schools	High Schools	All Schools
The benefits of eating healthy	93	96	95
The Food Guide Pyramid	87	92	90
The Dietary Guidelines for Americans	78	83	80
Using food labels	84	90	87
Aiming for a healthy weight	88	95	91
Choosing a variety of grains daily, especially whole grains	86	86	86
Choosing a variety of fruits and vegetables daily	87	89	88
Choosing a diet low in saturated fat and cholesterol and moderate in total fat	85	91	86
Moderating intake of sugars	87	89	88

Topic	% Yes		
	Middle Schools	High Schools	All Schools
Choosing and preparing foods with less salt	77	82	79
Eating more calcium-rich foods	80	79	78
Keeping food safe to eat	69	67	69
Preparing healthy meals and snacks	80	78	79
Risks of unhealthy weight control practices	83	92	88
Accepting body size differences	89	87	87
Eating disorders	86	91	89

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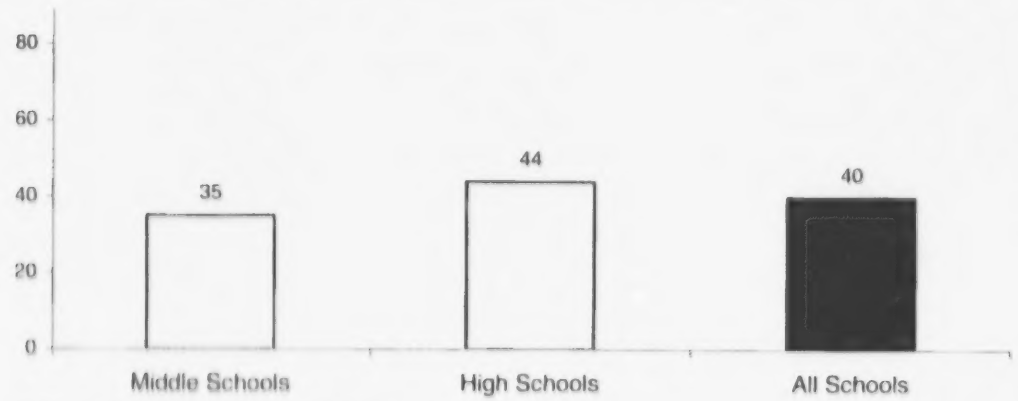
*Includes only those schools with a required health education course

Comprehensive School Nutrition Program

Comprehensive school nutrition programs were identified through analyses of both the principal and the lead health teacher questionnaires. This is a measure of schools that meet the requirements for both comprehensive policies and curriculum, as described in the above sections. Only those schools that submitted both a principal and teacher questionnaire and have a required health education course are included in the analysis. Using these guidelines, 40% of all schools, 35% of middle schools and 44% of high schools, have comprehensive nutrition programs.

Figure 10. Percentage of schools with a comprehensive nutrition program



2002 Wisconsin School Health Education Profile
*Includes only those schools with a required health education course

Conclusions and Recommendations

- **Middle schools and high schools reported many positive nutrition-related policies, practices, and classroom instruction, but there is room for improvements.** In particular:
    - The majority of middle schools and high schools allow students to purchase snack foods and beverages—most commonly soft drinks, sports drinks, or fruit drinks—that are not 100% juice, and salty snacks that are not low in fat.
    - High schools permitted students to purchase snack foods and beverages for more hours during the school day than middle schools. One possible concern is that 92% of high schools make snack foods and beverages available to students before classes in the morning. This could negatively impact the participation in a more nutritious breakfast should that be available through the school food service. Schools need to support healthy eating habits by offering healthy alternatives to the high-fat and salty snack foods and high-sugar beverages that are common in today's schools. In addition, schools need to support healthy eating habits at school sponsored events, such as student parties and athletic events.

- **The majority of lead health teachers reported that in their required health education class they taught about a variety of nutrition and dietary topics.** Schools could strengthen instruction in their required health education class if more taught about safe handling of food and how to select and prepare healthy meals and snacks. Students should be given the knowledge, skills, and motivation to make healthy choices in school, at home and in the community.

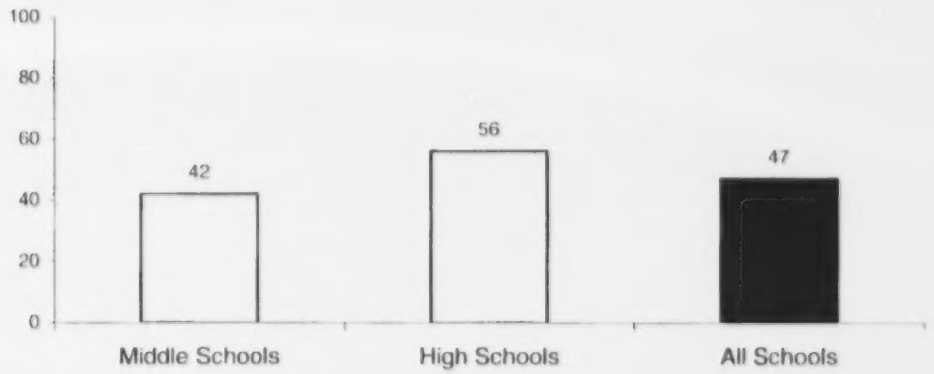
HIV/AIDS

School policy and health education related to HIV/AIDS has been a part of the SHEP questionnaire in Wisconsin since 1994. HIV/AIDS-related policies and education refers to protecting the rights of students and staff with HIV infection or AIDS, worksite safety, and a commitment to developing health promoting behaviors. In 2002, two policy questions on the principal questionnaire and one health education question on the teacher questionnaire focused on this health topic. Additionally, HIV/AIDS items were included in several questions related to general health education.

Policy

Overall, 47% of all schools have comprehensive HIV/AIDS policies in place, with 42% of middle schools and 56% of high schools having comprehensive policies. The 2000 National SHPPS reported that out of all schools, including elementary, 54% have adopted policies on student with HIV or AIDS, and 47% of schools have adopted policies on faculty and staff with HIV or AIDS.

Figure 11. Percentage of schools with comprehensive HIV/AIDS policies



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In order to look at characteristics of comprehensive HIV/AIDS policies, two questions were examined. These questions included:

- Has this school adopted a written policy that protects the rights of students and/or staff with HIV infection or AIDS? (One possible "yes" item.)
- Does that policy address each of the following issues for students and/or staff with HIV infection or AIDS? (Seven possible "yes" items.)
    - Attendance of students with HIV infection
    - Procedures to protect HIV-infected students and staff from discrimination
    - Maintaining confidentiality of HIV-infected students and staff
    - Worksite safety (i.e., universal precautions for all school staff)
    - Communication of the policy to students, school staff, and parents
    - Adequate training about HIV infection for school staff
    - Procedures for implementing the policy

For this report a comprehensive HIV/AIDS policy is defined as a school reporting having 75% or more of the above items. In this case, schools need to have answered positively to at least six of the total eight possible items (see Figure 11 for results).

Item-by-Item Policy Analyses

Item-by-item analyses was conducted to look at the specific items that address HIV/AIDS policies in schools. Fifty-seven percent of all schools, 53% of middle schools and 64% of high schools, have adopted a written policy that protects the rights of students and/or staff with HIV infection or AIDS. Although a school may not have a policy exclusively on HIV/AIDS, they may have policies related to pupil and staff health care record confidentiality and nondiscrimination that would apply to students and/or staff with HIV infection or AIDS. This may account for lower than expected affirmative responses by principals. The percent of schools with polices that address specific issues related to HIV/AIDS is detailed in Table 13.

Table 13. Does that [HIV/AIDS] policy address each of the following issues for students and/or staff with HIV infection or AIDS?

Issue	% Yes		
	Middle Schools	High Schools	All Schools
Attendance of students with HIV infection	89	87	87
Procedure to protect HIV-infected students and staff from discrimination	97	93	94
Maintaining confidentiality of HIV-infected students and staff	96	96	96
Worksite safety (i.e., universal precautions for all school staff)	99	98	98
Confidential counseling for HIV-infected students	74	74	73
Communication of the policy to students, school staff, and parents	80	83	81
Adequate training about HIV infection for all school staff	86	85	85
Procedures for implementing the policy	86	91	88

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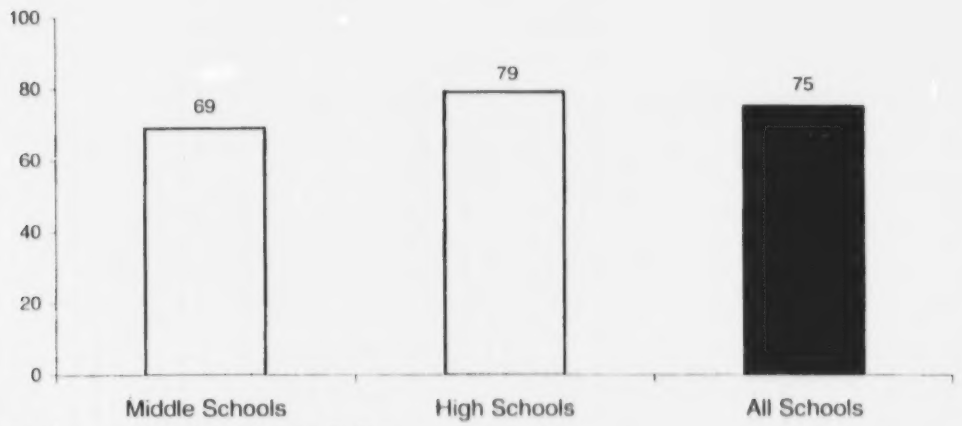
Curriculum and Instruction

Wisconsin law 118.01 (2)(d)2c requires that school boards provide an instructional program designed to give students knowledge in physiology and hygiene that must include instruction on sexually transmitted diseases and must be offered in every high school. However, no student may be required to take instruction in this subject or other topics related to human growth and development, including HIV/AIDS if their parent/guardian files a written objection with the teacher.

Overall, 75% of all schools with required health education have comprehensive HIV/AIDS curriculum and instruction in place, with 69% of middle schools and 79% of high schools having comprehensive curriculum and instruction related to HIV/AIDS. The 2000 National SHPPS reported that 76% of middle/junior high schools and 86% of high schools with required health education require HIV prevention education.

Figure 12. Percentage of schools with comprehensive HIV/AIDS curriculum and instruction*



2002 Wisconsin School Health Education Profile
*Includes only those schools with a required health education course.

In order to look at characteristics of comprehensive HIV/AIDS curriculum and instruction, three questions were examined. These questions included:

- During this school year, have teachers in this school tried to improve each of the following student skills in a required health education course in any of grades 6 through 12? (Nine possible "yes" items.)
  - Accessing valid health information, products, and services
  - Advocating for personal, family, and community health
  - Analysis of media messages
  - Communication
  - Decision making
  - Goal setting
  - Conflict resolution
  - Resisting peer pressure for unhealthy behaviors
  - Stress management
- During this school year, have teachers in this school used each of the following teaching methods in a required health education course in any of grades 6 through 12? (Nine possible "yes" items.)
  - Group discussions
  - Cooperative group activities
  - Role play, simulation, or practice
  - Language, performing, or visual arts
  - Pledges or contracts for behavior change
  - Adult guest speakers
  - Peer educators
  - The Internet
  - Computer-assisted instruction
- During this school year, did teachers in this school teach each of the following HIV prevention topics in a required health education course for students in any of grades 6 through 12? (Ten possible "yes" items.)

- Abstinence as the most effective method to avoid HIV infection
- How HIV is transmitted
- How HIV affects the human body
- How to correctly use a condom
- Condom efficacy, that is, how well condoms work and do not work
- Influence of alcohol and other drugs on HIV-related risk behaviors
- Social or cultural influences on HIV-related risk behaviors
- The number of young people who get HIV
- How to find valid information or services related to HIV or HIV testing
- Compassion for persons living with HIV or AIDS

For this report a comprehensive HIV/AIDS curriculum is defined as a school reporting having 75% or more of the above items. In this case, schools need to have answered "yes" to at least 21 of the total 28 possible items (see Figure 12 for results).

Item-by-Item Curriculum and Instruction Analyses

HIV prevention topics were addressed in one question on the lead health teacher questionnaire. The data show that HIV prevention topics are more often taught in high school required health education courses compared to middle schools. Table 14 provides details on various HIV prevention topics taught in the health education classroom. Detailed tables on skill development and teaching methods can be found in Table 21 and in Figure 15 on page 36 of this report.

Table 14. During this school year, did teachers in this school teach each of the following HIV prevention topics in a required health education course for students in any of grades 6 through 12?*

Topic	% Yes		
	Middle Schools	High Schools	All Schools
Abstinence as the most effective method to avoid HIV infection	92	97	95
How HIV is transmitted	94	97	96
How HIV affects the human body	94	95	95
How to correctly use a condom	37	52	47
Condom efficacy	70	86	79
Influence of alcohol and other drugs on HIV-related risk behaviors	91	95	94
Social or cultural influences on HIV-related risk behaviors	80	85	84
The number of young people who get HIV	81	90	87
How to find valid information or services related to HIV or HIV testing	68	85	78
Compassion for persons living with HIV or AIDS	81	83	82

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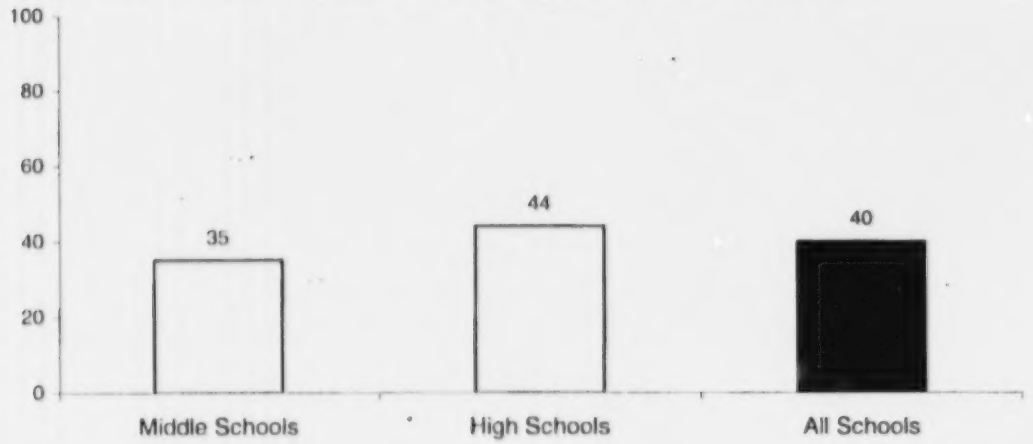
*Includes only those schools with a required health education course

Comprehensive School HIV/AIDS Program

Comprehensive school HIV/AIDS programs were identified through analyses of both the principal and the lead health teacher questionnaires. This is a measure of schools that meet the requirements for both comprehensive policies and curriculum, as described in the above sections. Only those schools that submitted both a principal and teacher questionnaire and have a required health education course are included in the analysis. Using these guidelines, 40% of all schools, 35% of middle schools and 44% of high schools, have comprehensive HIV/AIDS programs.

Figure 13. Percentage of schools with a comprehensive HIV/AIDS program



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*Includes only those schools with a required health education course.

Conclusions and Recommendations

Schools need to provide a healthy and safe school environment for all students and staff, including those with HIV infection or AIDS. Protecting the rights of students and staff with HIV infection or AIDS is an important component to a healthy school environment. In addition, schools need to offer a comprehensive HIV/AIDS instruction that meets the needs of all students. Wisconsin middle schools and high schools can strengthen policies and health education related to HIV/AIDS. The following offer more specific examples:

- **Wisconsin school districts need to adopt policies that protect the rights of students and staff with HIV infection or AIDS.** These policies need to be communicated to all district administrators and school staff and consistently enforced. In addition, the policies need to be comprehensive and address attendance of students with HIV infection; confidential counseling for HIV-infected students; adequate training about HIV infection for all school staff; communication of the policy to students, school staff, and parents and procedures for implementing the policies. State, regional, and local agencies and organizations need to provide resources and technical assistance to assist school districts in policy development, implementation, and assessment.

- **Overall, 75% of all schools with required health education have comprehensive HIV/AIDS curriculum and instruction in place.** It appears from the data that schools are less likely to provide instruction on topics that are most likely deemed more sensitive and controversial. These are the topics that address the needs of youth who are engaging in risky sexual behaviors. This includes instruction on how to correctly use a condom, condom efficacy, social or cultural influences on HIV-related risk behaviors and how to find valid information or services related to HIV or HIV testing. State, regional and local agencies and organizations need to stress the need for HIV/AIDS education (such as STD and HIV prevalence rates) and provide technical assistance on developing and implementing effective researched-based HIV prevention programs that meet the needs of all students, including abstinence education. In addition, parental involvement is another important component in HIV prevention and schools need to provide opportunities to involve them in the education of their children.

Violence

Violence prevention in schools includes a broad range of safety and security measures as well as student programs. Three questions on the principal questionnaire focused on violence prevention policies. A number of questions on the teacher questionnaire also included violence prevention as an item.

Almost all schools (98%), 98% of middle schools and 97% of high schools, have written plans for responding to violence at their school. Nationally, according to the 2000 SHPPS, fewer middle/junior high schools and high schools routinely check bags, desks, and lockers compared to Wisconsin schools (42% compared to 54%). However, nationally more middle/junior high schools and high schools require students to wear school uniforms (19% compared to 1%) and use metal detectors (10% compared to 6%) compared to Wisconsin schools. Table 15 details specific safety and security measures that schools have in place.

Table 15. Does your school implement each of the following safety and security measures?

Measure	% Yes		
	Middle Schools	High Schools	All Schools
Require visitors to report to the main office or reception area upon arrival	99	98	99
Maintain a "closed campus" where students are not allowed to leave school during the school day, including during lunchtime	91	53	75
Use staff or adult volunteers to monitor school halls during and between classes	79	75	78
Routinely conduct bag, desk, or locker checks	52	56	54
Prohibit students from carrying backpacks or book bags at school	61	34	46
Require students to wear school uniforms	2	1	1
Require students to wear identification badges	4	3	3
Use metal detectors	6	3	6
Have uniformed police, undercover police, or security guards during the regular school day	28	37	30

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Schools also implement a variety of student programs as part of their violence prevention policy. Table 16 shows the percent of schools with peer mediation, safe-passage to school, gang violence prevention, and bullying prevention programs.

Table 16. Does your school have or participate in each of the following programs?

Program	% Yes		
	Middle Schools	High Schools	All Schools
A peer mediation program	53	42	48
A safe-passage to school program	5	3	5
A program to prevent gang violence	27	14	22
A program to prevent bullying	52	32	44

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Conclusions and Recommendations

- **Schools need to be more proactive in the prevention of violence among students.** More schools need to offer peer mediation, gang violence and bullying prevention programs to help students develop skills to prevent violence, such as effective anger management and communication skills. State, regional and local organizations and agencies need to offer training opportunities and technical assistance resources on effective peer mediation and school-based violence prevention programs.

Asthma

The implementation of asthma management activities is another component of school policy. One question related to asthma policy was included in the principal questionnaire (refer to Table 17). No questions directly related to asthma were included on the lead health teacher questionnaire.

Table 17. Does your school implement each of the following school-based asthma management activities?

Activity	% Yes		
	Middle Schools	High Schools	All Schools
Provide a full-time registered nurse, all day every day	13	22	17
Identify and track all students with asthma	84	84	83
Obtain and use an Asthma Action Plan (or Individualized Health Plan) for all students with asthma	44	53	46
Assure immediate access to medications as prescribed by a physician and approved by parents (allow students to self-carry inhalers)	96	97	96
Provide intensive case management for students with asthma who are absent 10 days or more per year	33	34	33
Educate school staff about asthma	51	49	51
Educate students with asthma about asthma management	43	40	43
Teach asthma awareness to all students in at least one grade	27	31	30
Encourage full participation in physical education and physical activity when students with asthma are doing well	99	98	99
Provide modified physical education and physical activities as indicated by the student's Asthma Action Plan	77	78	78

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Conclusions and Recommendations

Overall, there is a lack of asthma education for school staff and students and monitoring of students with asthma. Schools need to work in partnership with state, regional and local agencies, and organizations to strengthen asthma education and monitoring. The following offer more specific examples:

- **Schools need to be monitoring students with asthma**, develop or be aware of Individualized Health Plan/Asthma Action Plan for students with asthma, and offer case management for those students with chronic asthma.

- **Schools need to educate students and staff about asthma** to increase awareness of the disease, including prevention and treatment of asthmatic attacks. In addition, schools need to be partners in the care and monitoring of students with asthma to reduce absenteeism and asthmatic attacks at school.

- **State, regional and local organizations, and agencies with expertise in asthma management among children need to assist schools in program development, implementation, and assessment.** This could be accomplished through targeted technical assistance to school districts in areas with high asthma prevalence and disseminating resources to educate schools, parents and students on asthma awareness.

General Health Education

In the following pages you will find data related to **school policies** (such as course requirement and exemption), **curriculum planning and development support** (such as health education guidelines, staff development), and classroom **teaching methods and strategies** and **teacher preparation**.

Policy

Wisconsin state statute 121.02 outlines the standards for health instruction in public schools. This statue states that there must be a written sequential health curriculum for the district, there must be an assigned health education coordinator, K-6 supervision for health education, and at least one semester of health in grades 7-12 taught by a certified health teacher. Almost all schools require health education for students in any of grades 6 through 12. Principals reported that 95% of all schools, 92% of middle schools and 96% of high schools, require health education in at least one grade. There is a slight discrepancy between the percentage of principals and lead health teachers (p.34) reporting health education is required in middle schools (92% compared to 86%). Most likely this discrepancy exists because middle school principals are including other classes with health education infused in their content, such as physical education. Table 18 describes the different methods used to teach health education in schools.

Table 18. Is required health education taught in each of the following ways to students in grades 6 through 12 in this school?*

Method	% Yes		
	Middle Schools	High Schools	All Schools
In a combined health education and physical education course	44	38	42
In a course mainly about another subject other than health education such as science, social studies, home economics, or English	34	15	24

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*Only includes those schools with required health education.

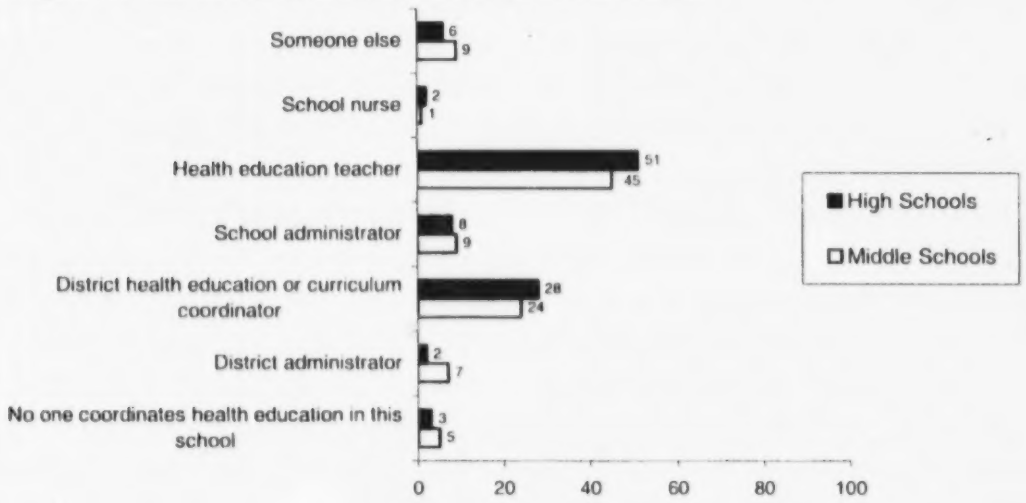
Schools differ in the number of health education courses they require students to take. Two percent of all schools, 3% of middle schools, and 2% of high schools do not require at least one health education course. Half (50%) of all schools require students to take one course, 28% require two courses, 15% require three courses, and 5% require students to take four or more required health education courses.

In both middle schools and high schools, **health education is a requirement** of students in certain grades. Fifty-five percent of middle schools (schools with a high grade of 9 or less) require a health education course in sixth grade, 70% require a course in seventh grade, and 68% require a course in eighth grade. Sixty-two percent of high schools (schools with a low grade of 9 or higher and a high grade of 10 or higher) require a health education course in ninth grade, 41% require a course in tenth grade, 24% require a course in eleventh grade, and 17% require a health education course in twelfth grade.

Very **few students are excused** from any part of a required health education course by parental request. Over a quarter (29%) of all schools, 23% of middle schools, and 35% of high schools do not allow students to be excused or exempted. In addition, two-thirds (66%) of all schools, 72% of middle schools, and 58% of high schools allowed less than 1% of their students to be exempted or excused from any part of a required health education course.

Slightly over half of all schools (52%), 54% of middle schools and 51% of high schools, have a **school health committee or advisory group** that develops policies, coordinates activities, or seeks student and family involvement in programs that address health issues. In about half of the schools, the health education teacher **coordinates health education** in the school. Nationally, according to the 2000 SHPPS 64% of all school districts have someone who oversees or coordinates health education. Figure 14 highlights the data related to the different people who are involved in the coordination of health education.

Figure 14. Who coordinates health education in this school?



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Curriculum and Instruction

Lead health teachers reported that 92% of all schools, 86% of middle schools, and 98% of high schools require at least one health education course for students in any of grades 6 through 12. The majority of schools use state, district, and/or school curricula, guidelines, or frameworks in a required health education course. Table 19 details the percent of schools that use different materials to guide their health education.

Table 19. Are teachers in this school required to use each of the following materials in a required health education course for students in any of grades 6 through 12?*

Material	%Yes		
	Middle Schools	High Schools	All Schools
The National Health Education Standards	48	42	44
Your state's curriculum, set of guidelines, or framework	81	81	81
Your district's curriculum, set of guidelines, or framework	91	90	90
Your school's curriculum, set of guidelines, or framework	86	87	87
Any materials from health organizations, such as the American Red Cross or the American Cancer Society	26	35	35
A commercially-developed student textbook	37	38	41
A commercially-developed teacher's guide	36	29	37

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*Only includes those schools with required health education courses.

During the school year, teachers cover a wide variety of health-related topics in required health education courses. Information regarding the percent of schools that cover certain topics is provided in Table 20.

Table 20. During the school year, have teachers in this school tried to increase student knowledge on each of the following topics in a required health course in any of grades 6 through 12?*

Topic	%Yes		
	Middle Schools	High Schools	All Schools
Accident or injury prevention	86	91	89
Alcohol or other drug use prevention	98	99	99
Consumer health	70	85	79
CPR (cardiopulmonary resuscitation)	52	70	63
Death and dying	53	67	61
Dental and oral health	58	55	59
Emotional and mental health	96	97	97
Environmental health	61	70	67
First-aid	68	82	75
Growth and development	95	91	93
HIV (human immunodeficiency virus) prevention	95	98	97
Human sexuality	92	95	93
Immunization and vaccinations	55	55	56
Nutrition and dietary behavior	95	96	96
Personal hygiene	88	84	88
Physical activity and fitness	97	98	98
Pregnancy prevention	86	93	90
STD (sexually transmitted disease) prevention	89	97	93
Suicide prevention	74	85	80
Sun safety or skin cancer prevention	67	74	70
Tobacco use prevention	99	99	99
Violence prevention (such as bullying, fighting, or homicide)	82	82	82

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*Only includes those schools with required health education courses

Teachers also develop a number of skills in students and use a variety of teaching methods in required health education courses. Table 21 and Figure 15 details the percent of teachers who develop student skills and who use different types of methods.

Table 21. During this school year, have teachers in this school tried to improve each of the following student skills in a required health education course in any of grades 6 through 12?*

Skill	% Yes		
	Middle Schools	High Schools	All Schools
Accessing valid health information, products, and services	78	94	87
Advocating for personal, family, and community health	78	82	81
Analysis of media messages	85	94	89
Communication	96	94	96
Decision-making	98	99	98
Goal setting	94	86	91
Conflict Resolution	86	88	87
Resisting peer pressure for unhealthy behaviors	96	98	97
Stress management	87	95	91

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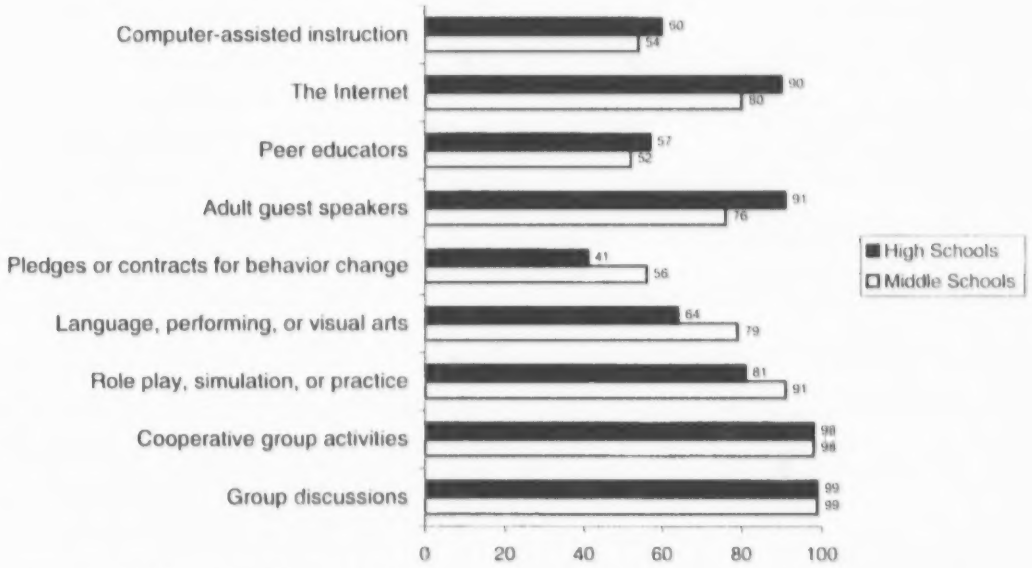
*Only includes those schools with required health education courses.

Figure 15. During this school year, have teachers in this school used each of the following teaching methods in a required health education course in any of grades 6 through 12?*



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*Only includes those schools with required health education courses.

Student Activities

As part of required health education, teachers may require students to participate in activities outside of the classroom. Table 22 provides data on the percent of schools that ask students to participate in certain activities.

Table 22. During this school year, have teachers in this school asked students to participate in each of the following activities as part of a required health education course in any of grades 6 through 12?*

Activity	% Yes		
	Middle Schools	High Schools	All Schools
Perform volunteer work at a hospital, a local health department, or any other community organization that addresses health issues	9	19	14
Participate in or attend a school or community health fair	11	17	14
Gather information about health services that are available in the community	48	56	54
Visit a store to compare prices of health products	22	26	26
Identify potential injury sites at school, home, or in the community	38	47	44
Identify and analyze advertising in the community designed to influence health behaviors or health risk behaviors	65	62	65
Advocate for a health-related issue	49	50	49
Complete homework assignments with family members	87	77	83

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*Only includes those schools with required health education courses.

Collaboration

Health education staff collaborates with a number of different school staff and community members. Table 23 provides information on the groups of people with whom they work.

Table 23. During this school year, have any health education staff worked with each of the following groups on health education activities?

Group	% Yes		
	Middle Schools	High Schools	All Schools
Physical education staff	64	70	69
School health services staff (e.g., nurses)	67	71	70
School mental health or social services (e.g., psychologists, counselors, and social workers)	64	59	64
Food service staff	16	17	17
Community members	54	60	56

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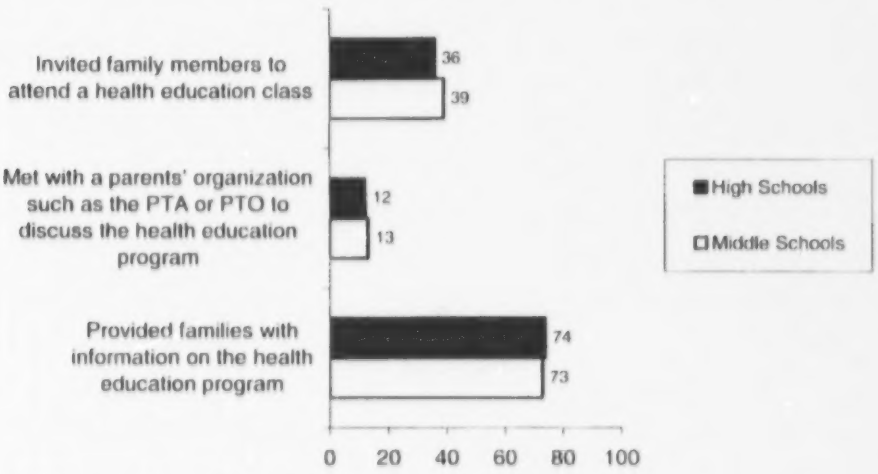
Schools make an effort to involve parents and family members in the education of their children. Figure 16 provides data on three activities to involve parents and family members in the health education class. According to the 2000 National SHPPS, 43% of schools (elementary, middle/junior high schools, and high schools) reported that they invited family members to attend a health education class, 30% met with a parents' organization to discuss the health education program, and 69% provided families with information on the health education program.

Figure 16. During this school year, has this school done each of the following activities?



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Staff Development

Health education staff participates in a variety of staff development opportunities. Tables 24-27 detail the types of staff development health education teachers have received and would like to receive in the future.

Table 24. During the past two years, did you receive staff development (such as workshops, conferences, continuing education, or any other kind of in-service) on each of the following health education topics?

Topic	% Yes		
	Middle Schools	High Schools	All Schools
Accident or injury prevention	34	50	43
Alcohol or other drug abuse prevention	50	49	51
Consumer health	9	15	14
CPR (cardiopulmonary resuscitation)	55	66	61
Death and dying	8	16	13
Dental and oral health	4	8	6
Emotional and mental health	34	41	38
Environmental health	12	24	20
First-aid	51	58	54
Growth and development	28	27	29
HIV (human immunodeficiency virus)	44	45	43
Human sexuality	25	26	25
Immunization and vaccinations	14	23	19
Nutrition and dietary behavior	16	28	21
Personal hygiene	9	11	11
Physical activity and fitness	26	37	32
Pregnancy prevention	19	21	21
STD (sexually transmitted disease) prevention	23	27	26
Suicide prevention	20	21	22

Topic	% Yes		
	Middle Schools	High Schools	All Schools
Sun safety or skin cancer prevention	3	12	7
Tobacco use prevention	38	35	35
Violence prevention	46	46	46

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Table 25. Would you like to receive staff development on each of these health education topics?

Topic	% Yes		
	Middle Schools	High Schools	All Schools
Accident or injury prevention	37	37	40
Alcohol or other drug abuse prevention	58	65	62
Consumer health	48	47	50
CPR (cardiopulmonary resuscitation)	49	57	55
Death and dying	52	51	54
Dental and oral health	25	25	28
Emotional and mental health	56	66	63
Environmental health	54	46	52
First-aid	49	53	54
Growth and development	52	47	52
HIV (human immunodeficiency virus)	58	55	59
Human sexuality	58	54	59
Immunization and vaccinations	30	33	35
Nutrition and dietary behavior	56	67	62
Personal hygiene	35	29	35
Physical activity and fitness	53	53	55
Pregnancy prevention	53	55	56
STD (sexually transmitted disease) prevention	58	56	59
Suicide prevention	63	69	67
Sun safety or skin cancer prevention	35	40	40
Tobacco use prevention	56	60	59
Violence prevention	67	72	70

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Table 26. During the past two years, did you receive staff development (such as workshops, conferences, continuing education, or any other kind of in-service) on each of the following teaching methods?

Teaching Method	% Yes		
	Middle Schools	High Schools	All Schools
Teaching students with physical or cognitive disabilities	40	44	40
Teaching students of various cultural backgrounds	30	38	33
Teaching students with limited English proficiency	15	14	15
Using interactive teaching methods such as role plays or cooperative group activities	52	57	54
Encouraging family or community involvement	31	40	38
Teaching skills for behavior change	51	56	54

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Table 27. Would you like to receive staff development on each of these teaching methods?

Teaching Method	% Yes		
	Middle Schools	High Schools	All Schools
Teaching students with physical or cognitive disabilities	53	53	55
Teaching students of various cultural backgrounds	47	52	50
Teaching students with limited English proficiency	45	46	47
Using interactive teaching methods such as role plays or cooperative group activities	57	60	60
Encouraging family or community involvement	65	61	64
Teaching skills for behavior change	71	75	74

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Professional Preparation

The 2002 SHEP asked two questions of lead health education teachers regarding their professional preparation and experience. See Figure 17 and Table 28 for more detail about health educators' preparation and experience.

Figure 17. What was the major emphasis of your professional preparation?

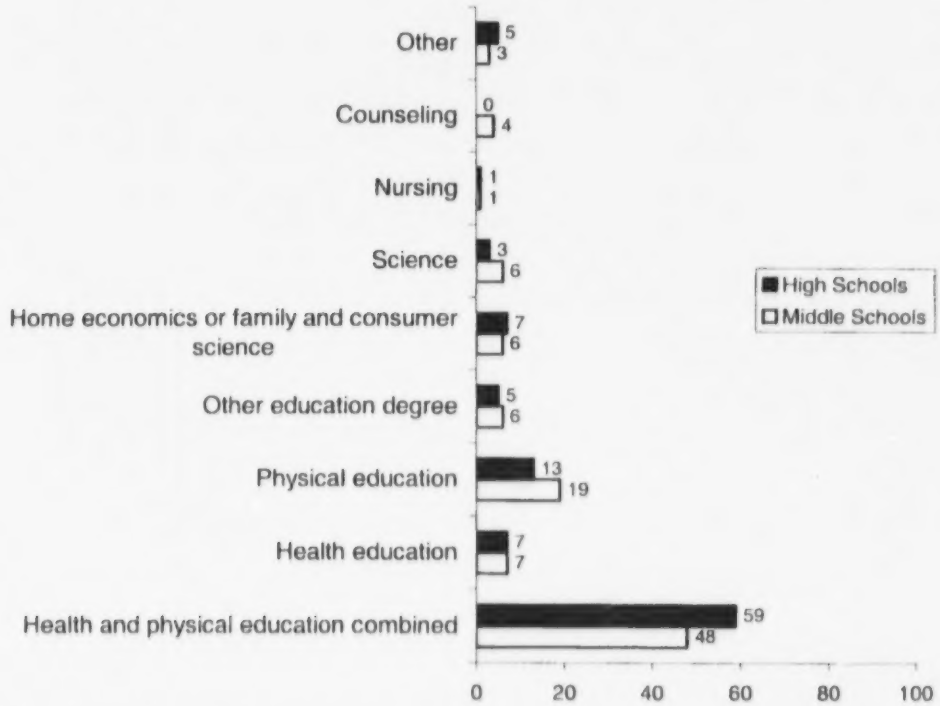

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Table 28. Including this school year, how many years have you been teaching health education?

# of Years	% Yes		
	Middle Schools	High Schools	All Schools
1 year	7	4	8
2 to 5 years	24	23	22
6 to 9 years	19	13	15
10 to 14 years	20	13	18
15 years or more	31	47	38

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Conclusions and Recommendations

Wisconsin sets high standards for school health education. Wisconsin schools also set a high standard for health education, which is made evident by the dedicated and qualified school staff who coordinate and teach health. Gaps do exist in school health education and local, regional and state partners should address these gaps through improvement of curriculum and instruction, parent and community engagement, and professional development. The following offer more specific examples:

- **Schools on a regular basis need to review, through curriculum mapping, health content and when and how often health information is presented.** This could be done by the formation or as an activity of an existing school and community health council. These councils also need to discuss and decide what topics are essential to teach in the required health class. Local, regional and state agencies and organizations can assist schools by providing technical assistance and resources on best practices for health education, such as age appropriate health topics in a creative and engaging way to students.

- **Teaching health transcends all disciplines to be delivered in an integrated, multidisciplinary approach.** Health education staff can strengthen health education by promoting the integration of health across content areas and by collaborating with different school staff and community members, such as a local tobacco-free coalition and food service staff.

- **In required health education courses teachers use a variety of teaching methods and develop a number of important life skills in students, such as communication, decision-making and goal setting.** As part of required health education, teachers may require students to participate in activities outside of the classroom. Connecting these service learning activities to the overall health education program can be a major learning experience. Students need more opportunities to apply their skills and knowledge to real-life experiences.

- **Health education staff participates in and desire a variety of staff development opportunities.** It is important for the health coordinator to match up staff training needs with individuals who can effectively execute that training. Local, regional and state agencies and organizations need to provide professional development opportunities for school staff. In particular, teachers need training to increase health education efficacy with special needs students and youth of color.

- **Wisconsin school health educators have a wealth of experience and knowledge.** Over 70% of lead health teachers in our middle/junior high schools and high schools have over 6 years of teaching experience and out of that, 38% have remained in the profession for over 15 years. School districts need to tap into the expertise these teachers bring to the district and provide opportunities to mentor and teach school staff that are new to the profession.

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